

PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN  
must be made for each, and the number of each  
in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		ORIGINAL CERTIFICATE OF BIRTH	
1. County of <u>Pima</u>	District of <u>Hayden</u>	State Index No. <u>17642</u>	County Registrar No. <u>19</u>
Town of <u>Hayden</u>	City of <u>Hayden</u>	Local Registrar No. <u>19</u>	Ward <u>19</u>
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Benjamin Enriquez</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>No</u>	5. Legitimate? <u>Yes</u>
6. No., in order of birth <u>1</u>		7. Date of birth <u>Oct 25 1924</u>	
8. FATHER Full name <u>Manuel Enriquez</u>		14. MOTHER Full maiden name <u>Eva Moore</u>	
9. Residence <u>Hayden</u> (Usual place of abode) If nonresident, give place and state		15. Residence <u>Hayden</u> (Usual place of abode) If nonresident, give place and state	
10. Color or race <u>Mexican</u>		16. Color or race <u>Mexican</u>	
11. Age at last birthday <u>24</u> (Years)		17. Age at last birthday <u>21</u> (Years)	
12. Birthplace (city or place) (State or country) <u>Maricopa Arizona</u>		18. Birthplace (city or place) (State or country) <u>Glendale Ariz</u>	
13. Occupation <u>Builder</u> Nature of industry <u>Maker</u>		19. Occupation <u>House wife</u> Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>		21. Were precautions taken against ophthalmitis neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>5:20</u> p.m. on the date above stated. (Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Charles B. Hunsaker</u> (Physician or midwife)	
Given name added from a supplemental report		Address <u>Hayden</u>	
Month, day, year.		Filed <u>NOV 8 1924</u>	
Registrar.		Local Registrar. <u>W. J. J. J.</u>	
		County Registrar.	

259-1028-545